

Call for Abstracts

This is a call for abstracts for the 15th National Conference on Chronic Disease Prevention and Control. The theme of the conference is “Living Healthier, Living Longer: The Will and the Way.” The conference is sponsored by the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Chronic Disease Program Directors, and the Prevention Research Centers Program. The conference will be held at the Hilton Washington and Towers, Washington, D.C., November 29–December 1, 2000. Ancillary meetings will be held on November 28 and December 2, 2000.

Conference Goals

- Promote knowledge and awareness of successful, cost-effective approaches to reduce the burden of chronic diseases.
- Share cutting-edge research and research methods in chronic disease prevention and control.
- Promote the development of new skills in critical chronic disease areas.
- Improve cultural competence and the ability to work with diverse populations.
- Promote the application of proven prevention strategies from research and identified best practices.
- Develop new working relationships among federal, state, and local health departments, voluntary health agencies, and professional organizations.
- Build and strengthen coalitions and partnerships for the prevention and control of chronic diseases.

Invitees

- Physicians, nurses, dentists, nutritionists, dietitians, health educators, epidemiologists, statisticians, behavioral scientists, health communications specialists, evaluation specialists, health economists.
- Public health and education professionals in government at the local, state, and federal level.
- Managers, directors, and executives from voluntary and health professional associations.
- Representatives from managed care organizations.
- Other nongovernmental health professionals, consultants, and students.
- Representatives from special interest groups, business, and industry.
- Academic and research staff from educational institutions.
- International health professionals, managers, and researchers involved in chronic disease prevention and control.

Conference Tracks and Topics

The conference Steering Committee encourages the submission of abstracts that support the theme of the conference. Abstracts should address specific policy, programmatic, or research issues that fit into one or more of the following tracks. They should highlight ways in which public health prevention programs have been successful in addressing chronic disease priorities. Examples of topics are provided for each track to assist readers, but do not encompass all the possible topics that might be included within the track. Tracks are not intended to be mutually exclusive.

Tracks

1. **Advocacy for Chronic Disease Prevention and Control** (e.g., developing successful coalitions; successes based on evidence-based decision making; securing resources; strategies for educating legislators, policymakers, or media influentials; setting and implementing priorities; working with new partners; creating public awareness; applications of educational tools like GIS mapping and economic analyses; case studies).
2. **Creating Policy and Environmental Change** (e.g., effective strategies for schools, worksites, and communities; legislative and regulatory approaches; targeting multiple risk factors; creating and institutionalizing change; case studies of innovative approaches to chronic disease prevention and control).
3. **Social Marketing and Communications** (e.g., new applications for identifying, characterizing, and reaching target populations; tailored communications; qualitative research; partnering with public media; influencing the media; media literacy; message construction; innovative ways of sharing successes; information retrieval; media tracking and evaluation; distance learning).
4. **Eliminating Disparities** (e.g., programs that address economic empowerment and reduce poverty; research that identifies social and other determinants of health disparities seen by age, sex, ethnicity, sexual orientation; interventions to eliminate disparities in chronic disease; border health; immigrant and refugee health; environmental justice).
5. **Creative Partnering** (e.g., creative partnering for community health improvement; engaging diverse populations to strengthen and sustain interventions; successful interventions through partnership with community-based organizations; linkage of health and education agencies; building, strengthening, or evaluating partnerships; contributions to social capital; public and private partnerships; achieving community buy-in for prevention research).
6. **Emerging Issues in Chronic Disease** (e.g., genetics; asthma; arthritis; cost-burden and cost-effectiveness research; new areas in *Healthy People 2010*; outcome-based performance; data gathering and surveillance challenges; linkages between infectious and chronic illnesses; aging; obesity; complementary and alternative medicine).
7. **Healthy Behaviors and Quality of Life at Every Age** (e.g., living with chronic conditions, access to care, interventions to improve quality of life, health behavior research, theories and models of population-based change, mental health and chronic disease prevention and control, effective interventions for different target populations).
8. **Building on Research Findings and Methods** (e.g., applications of research to other age or ethnic groups, settings, or environments; translating research into community settings; research that addresses multiple risk factors or diseases; incorporating successful strategies from law, public policy, and ethics; holistic and ecological models of health; successful collaboration on crosscutting research issues; new survey development, statistical or epidemiologic methods).

Categories, Options, and Criteria

Abstract Categories

Depending on their main emphasis, abstracts will be grouped into one of two broad categories:

1. Epidemiologic/Scientific (ES).
2. Policy/Programmatic (PP).

Presentation Options

There are three options available for presentations. Authors may indicate their preferred presentation format. **Please note, however, that the Abstract Review Committee makes the final decisions on presentation format.** The three options are:

1. Fifteen-minute oral presentation during concurrent breakout sessions.
2. Poster session.
3. Roundtable discussion.

Evaluation Criteria

Abstracts will be evaluated by the following criteria:

1. The presentation relates to ES or PP objectives of chronic disease prevention and control and supports the overall theme of the conference.
2. The objectives are clear and well described.
3. The work was performed using rigorous scientific methods (ES submissions) or appropriate program planning and evaluation methods (PP submissions).
4. The results of the ES study or the outcome of the PP intervention are described in the abstract and are relevant to the experience of other meeting participants.
5. The topic is of significant public health importance and the process or method described has application to a range of chronic disease prevention or health promotion issues.

Check List

Before E-mailing or mailing your submission, please make sure all items below are included:

- ☐ Abstract and Learning Objectives
- ☐ Abstract Submission Form
- ☐ Conflict of Interest Disclosure Form
- ☐ Biographical Information Sheet or CV

Abstract Submission Information

Deadline

Submission Deadline: Abstracts must be postmarked or received by E-mail at The KEVRIC company, Inc., no later than Friday, June 30, 2000. **Faxes will not be accepted.**

Requirements and Format

- Each submission must contain the abstract and one or two learning objectives (see examples on pages 5 and 6), a completed Abstract Submission Form (page 7), a Conflict of Interest Disclosure Form (page 9), and a Biographical Data Form (page 11) or curriculum vitae (CV) for each author. **Incomplete submissions will be returned.**
- All text should be left justified, leaving one line space between the title, headers, subheadings, and paragraphs.
- DO NOT use formats such as italic, centered, or full-justified.
- Abstract presentation titles should be no more than 15 words or 100 characters.
- Abstract text should be no more than 250 words or 1,500 characters.
- For questions about content or topics, call Don Bishop at (651) 281-9839 or E-mail him at don.bishop@health.state.mn.us or call Jim LoGerfo at (206) 543-2590 or E-mail him at logerfo@u.washington.edu.
- For questions about formatting, E-mail Estella Lazenby at elazenby@kevr.com or call 301-588-6000, ext. 239.

Submitting by Mail

If you are submitting by mail, please provide a hardcopy of your submission (abstract, learning objectives, Abstract Submission Form, a Biographical Data Form or CV, and a Conflict of Interest Disclosure Form for each author) along with an electronic copy of the submission on a 3.5" diskette. All files must be in Word or Word Perfect file format. Electronic copies of the required forms can be obtained by sending an E-mail request to elazenby@kevr.com or by going to <http://www.cdc.gov/nccdphp> or <http://www.astcdpd.org>.

Mail the hardcopy and diskette to:

The KEVRIC Company, Inc.
ATTN: Estella Lazenby
Silver Spring Metro Plaza One
8401 Colesville Road, Suite 610
Silver Spring, MD 20910

Submitting by E-mail

If you are submitting by E-mail, you can request electronic copies of the Abstract Submission Form, the Conflict of Interest Disclosure Form, and the Biographical Data Form from elazenby@kevr.com or by going to <http://www.cdc.gov/nccdphp> or <http://www.astcdpd.org>. All files must be in Word or Word Perfect file format. Include the abstract, learning objectives, Abstract Submission Form, the Conflict of Interest Disclosure Form, and the Biographical Data Form for each author as separate attachments in your submission. The E-mail subject line should read "Abstract Submission." Request a confirmation of receipt on your E-mail submission. Send the submission to elazenby@kevr.com.

Acknowledgment

If you have not received confirmation by E-mail or by fax within two weeks after mailing or submitting your abstract, call Estella Lazenby at The KEVRIC Company, Inc., at (301) 588-6000, ext. 239 or E-mail her at elazenby@kevr.com.

Review Process

A review result notification letter will be sent for every abstract submitted sometime in early September. If your abstract is selected, the letter will ask you to confirm that you will attend the conference and make the presentation. The letter will also include information on the date, time, location, and type of presentation and will provide you with a copy of your abstract for you to make any final edits before it is published.

Presenters are responsible for all expenses related to participation in the conference, including transportation, lodging, meals, and conference registration fees.

Example of Epidemiologic/Scientific Abstract

Title: Influenza and Pneumococcal Vaccination Rates Among Persons With Diabetes Mellitus

Authors: S. Benjamin, L. Geiss, M. Engelgau

Purpose of the Program: To assess influenza and pneumococcal vaccination rates among persons with diabetes in the United States and Puerto Rico between 1993 and 1997.

Background: Immunization is an important public health intervention for reducing influenza and pneumonia morbidity and death among persons with diabetes. A national health objective for 2000 is to increase influenza and pneumococcal vaccination rates to > 60% among persons with diabetes.

Methods: The 1993, 1995, and 1997 BRFSS data were analyzed to determine state-specific information and sociodemographic characteristics associated with receipt of influenza and pneumococcal vaccinations.

Results: In 1997, 52.1% of adults with diabetes reported receiving an influenza vaccination during the past 12 months and 33.2% reported receiving a pneumococcal vaccination. Individuals with diabetes who reported having received either or both the influenza and pneumococcal vaccinations were more likely to be women, non-Hispanic whites, at least 75 years and older, and have more than a high school education. In 1997, only 12 of the states met the influenza objective and 23 came within 5 percentage points of the objective. No states reached the pneumococcal objective and none came within 5 percentage points of the objective. Overall vaccination rates improved between 1993 and 1997.

Conclusions: The findings from this analysis indicate that several states are far from reaching the national influenza and pneumococcal vaccination objectives for 2000 in their diabetic populations.

Learning Objective: Participants should be able to describe the need for improved influenza and pneumococcal vaccination coverage among persons with diabetes.

Example of Programmatic Abstract

Title: A Health Status Report for Counties: Community Health Status Indicators Project

Authors: N. Kanarek, R. Bialek, M. Fraser, L. Snow, C. Brown, J. Bryan, D. Sockwell

Purpose of the Program: To provide a broad set of indicators for use by local jurisdictions in a new, engaging format.

Setting: A collaboration of Health Resources and Services Administration, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the Public Health Foundation developed a county-specific set of information from various sources. An advisory committee, made up of state and local health departments, federal initiatives, and academia, guided the development of the report.

Interventions: What data were already available to local areas, how to present health indicators or construct a health profile, and where information gaps existed were investigated. Information captured in the process of planning the health profile assisted key decisions such as the geographic reporting area, report format, indicators and their sources, comparisons made, and distribution of the brochure.

Outcomes: Paper and web presentations were developed for all U.S. counties. Indicators used consisted of actual county events, state measures, and synthetic estimates. Health data were provided in the context of county characteristics and disease prevention. Peer counties, *Healthy People 2010* targets, and U.S. rates were used for comparison.

Conclusions: The Health Status Report provides each county a unique health profile in a tested format. While many counties already had data, the brief and simple format communicated to audiences outside traditional public health. Special data needs such as those of rural/frontier communities and racial disparities as well as potential use with APEX-CPH and national performance measurement tools were incorporated into the brochure.

Learning Objectives: Participants should be better able to locate their county profile, compare their counties to others, use the brochure for communicating general community health, and use data to create a community health improvement plan.

Abstract Submission Form

Submission Information (please type or print the contact information of the author who should receive all correspondence; this person is responsible for disseminating information to other authors):

Corresponding Author _____ Degree(s) _____

Title _____

Affiliation _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail Address _____

Author Information (if different from above). Please provide Author Information for each additional author appearing on the abstract.

Name _____ Degree(s) _____

Title _____

Affiliation _____

Mailing Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail Address _____

Abstract Information:

Category: ☐ Epidemiologic/Scientific ☐ Policy/Programmatic

Track(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 (See page 2 for track titles.)

Preferred Format: ☐ Concurrent 15-Minute Oral ☐ Poster Session ☐ Roundtable

Centers for Disease Control and Prevention Conflict of Interest Disclosure Form

As an accredited provider of continuing education (CE), CDC must ensure balance, independence, objectivity, and scientific rigor in all of its activities. All presenters are expected to disclose to the audience any significant financial interest or other relationship: (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) with any commercial supporters of the activity. Significant financial interest or other relationship may include grants or research support, being an employee, or consultant, major stock holder, member of speakers bureau, etc. The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information on which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion.

Title of CE Activity: 15th National Conference on Chronic Disease Prevention and Control

Date of Activity: Nov. 29–Dec. 1, 2000

Presenter's Name: _____

Title of Presentation: _____

1. I am a federal employee.

☐ Yes

☐ No

If Yes, I understand that I am prohibited from having any financial interest in areas in which I conduct official business.

2. Will your presentation include any discussion of commercial products or services?

☐ Yes

☐ No

If Yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or providers(s) of any of the services you intend to discuss?

☐ Yes

☐ No

If Yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

3. Will your presentation include any discussion of unlabeled use of a commercial product, or a product for investigational use?

☐ Yes

☐ No

If Yes, please describe the product and the unlabeled or investigational use.

4. Is this activity supported by funding from an external source? ☐ Yes ☐ No

If yes, do you have a significant relationship(s) with this/these external source(s)? ☐ Yes ☐ No

If yes, please list the relevant external source(s) and describe the nature of the relationship(s).

Signature _____ Date _____

Centers for Disease Control and Prevention Biographical Data Form

You can use this form or attach a current CV. This information is required by accreditation organizations. It will be treated as a confidential document.

Name and Degrees: _____ Date Submitted: _____

Business Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Position and Title: _____

Education (include basic preparation through highest degree held)

Degree and Year	Institution, City, State	Major Area of Study
-----------------	--------------------------	---------------------

Professional Experience (areas of expertise and publications pertinent to this educational activity)

Return Service Requested

DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Mail Stop K-11
Atlanta, GA 30341-3717



15th National Conference on Chronic Disease Prevention and Control

Hilton Washington and Towers ♦ Washington, D.C. ♦ November 29–December 1, 2000

Call for Abstracts

Submission Deadline: June 30, 2000

You are invited to participate in this conference.



ASTCDPD

Association of State and Territorial
Chronic Disease Program Directors

Learning from the past....providing leadership for the future.

**Prevention Research
Centers Program**

